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Feb 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S53278** (5)

1. Corporation Name:
SUBARS SUBWAYS, INC.

Principal Place of Business

**5239 OCEAN BLVD
SARASOTA FL 34242**

Mailing Address

**5239 OCEAN BLVD
SARASOTA FL 34242-3315**



3. Date Incorporated or Qualified
05/15/1991

3a. Date of Last Report
03/08/1996

2. Principal Place of Business

21 **5991 Catleridge BLVD**
Suite, Apt. #, etc.

2a. Mailing Address

26 **8276 SHADOW PINE WAY**
Suite, Apt. #, etc.

4. FEI Number
58-1944274

Applied For
Not Applicable

22 City & State
Sarasota FL

27 City & State
Sarasota FL

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

23 Zip
34232

Country
USA

28 Zip
34238

Country
USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**DESJARLAIS, MARY LYNN
8075 SO. BENEVA ROAD
SUITE 6
SARASOTA FL 34238**

10. Name and Address of New Registered Agent

81 Name **SCOTT E. GORDON**
82 Street Address (P.O. Box Number is Not Acceptable)
333 S. TAMIAHE TRAIL, SUITE 199
83
84 City **Jenice** **FL** 85 Zip Code **34285**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and, if applicable,

(NOTE: Registered Agent signature required when reappointing)

DATE

Barry Klawans (owner) *Scott E. Gordon* 1/22/97

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **KLAWANS, BARRY**
STREET ADDRESS **8276 SHADOW PINE WAY**
CITY - ST - ZIP **SARASOTA FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE		
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE		
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Barry Klawans 1/22/97 941-925-7822

CR2E034 (9/96)